

Denton Housing Authority

Dear Section 8 Applicant,

Thank you for your interest in our program. The Section 8 Rental Assistance office provides rental assistance to low income families that qualify. Once you are eligible to receive rental assistance from our program you the client will be responsible for 30% of your monthly adjusted income towards the rent and DHA will pay the difference to an approved landlord. We provide assistance within the Denton County area. We are a long term program; therefore we have a waiting list for assistance. **At the current time our waiting list is three (3) years or longer.** We **do not** provide emergency for anyone. Our waiting list is by application date and time. We do not give preferences.

Attached is the application for assistance. Please thoroughly complete the application. In addition to the application, we request that you submit copies of social security cards for everyone in the household, birth certificates for all children in the household, driver's license or picture I.D. for all adults, verification of all sources of income. **This information is very important for your file, without it we can not process your application on time.**

It is your responsibility to notify the DHA of any and all changes to your application. It is very important to update your mailing address as soon as it changes. **All changes must be submitted in writing.**

If you have any additional questions about the application or how the program works feel free to contact us at (940) 383-1504.

Thank you

Section 8 Intake Specialist

Phoenix Apartments
940/382-9638

Section 8
940/383-1504

Pecan Place
940/484-9535

Heritage Oaks
940/383-1506

1225 Wilson St. • Denton, Texas 76205 • 940/383-3039 • Fax 940/383-2035
E-mail: s8@dentonhousingauthority.com



DENTON HOUSING AUTHORITY APPLICATION FOR HOUSING

Please check each program you are interested in applying for.

SECTION 8

RENAISSANCE COURTS

PECAN PLACE (63 years and older)

PERSONAL DECLARATION:

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members of the household must sign below certifying the information pertaining to them. It is mandatory that we have a physical or mailing address for all applicants who are applying for assistance. Please Print.

I. HOUSEHOLD COMPOSTION: List all persons who will be living in your home, listing head of household first.

ADULT(S) (LEGAL NAME(S))	DATE OF BIRTH	RELATIONSHIP TO HEAD	SOCIAL SECURITY #
1.			
2.			
3.			
4.			

CHILDREN (Name as it Appears on SS Card)	DATE OF BIRTH	RELATIONSHIP TO HEAD	SOCIAL SECURITY #
1.			
2.			
3.			
4.			
5.			
6.			

THE FOLLOWING INFORMATION IS USED FOR STATISTICAL PURPOSES:

1. **RACE:** WHITE HISPANIC
 BLACK NON HISPANIC
 AMERICAN INDIAN/ALASKA NATIVE
 ASIAN/PACIFIC ISLANDER

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, social security, disability payments(SSI), workman’s compensation, retirement benefits, TANF(AFDC), veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST BELOW ALL MONATORY AMOUNTS RECEIVED:

Household member	Employer	Gross wages/week	TANF	Child support	Social security	Unemployment benefits	All other income
1.							
2.							
3.							
4.							

PROGRAM INFORMATION- TO BE FILLED OUT BY DHA PERSONELL

APPLICATION ACCEPTED BY: _____ DATE OF APPLICATION: _____ TIME: _____



III. ASSETS. Please answer YES or NO to all, listed below.

1. Do you or any household member own or have any interest in any real estate, boat, and/or mobile home? _____ Have you sold any real estate in the last two years? _____ Do you own any stocks or bonds? _____. Do have a checking or savings account? _____, if **yes**, give bank name and amounts. _____

IV. PERSONAL INFORMATION. Please circle YES or NO

1. Have you or any other adult member ever used any name(s) or social security number(s) other than the one you are currently using? YES / NO, **If yes**, explain _____
2. Have you or any other member lived in any assisted housing or public housing? YES / NO, **if yes**, list where and when. _____
3. Have you or any household member ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? YES / NO, **If yes**, explain _____
4. Do you or any household member currently owe any housing agency money for damages, rent, etc? YES / NO, **if yes**, How much do you owe? _____. Name and address of agency? _____
5. Have you or anyone in your household ever been **arrested or convicted** of any crime other than a traffic violation? YES / NO, **if yes** please explain: _____
6. Have you or anyone in your household ever been **arrested or convicted** of a **drug related crime**? YES / NO? **If yes**, how long ago did the offense take place? _____. What city and state did it occur in _____. Have you ever received treatment or received counseling for the offense? _____ **if yes**, please state the name and address of the agency or facility that provided the rehabilitation/counseling _____
7. Have you or anyone in your household ever been **arrested or convicted** of a **violent crime**? YES / NO? **If yes**, how long ago did the offense take place? _____. What city and state did it occur in? _____. Have you ever received treatment or received counseling for the offense? _____ **if yes**, please state the name and address of the agency or facility that provided the rehabilitation/counseling _____
8. Have you or anyone in your household ever been **arrested or convicted** of a **felony**? YES / NO? **If yes**, how long ago did the offense take place? _____. What city and state did it occur in? _____. Have you ever received treatment or received counseling for the offense? _____ **if yes**, please state the name and address of the agency or facility that provided the rehabilitation/counseling _____

I do hereby swear and attest that all the information above is true and correct. We understand that all changes in the income of any family member(s) of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING immediately.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE	SIGNATURE OF SPOUSE	DATE
SIGNATURE OF ADDITIONAL ADULT	DATE	SIGNATURE OF ADDITIONAL ADULT	DATE

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.



**Denton Housing Authority
Address Confirmation**

Name: _____ Social Security # _____

Physical Address _____

City _____ State _____ Zip code _____

Contact Number _____

Mailing address, **if different** from above: _____

ALL ADDRESS CHANGES MUST BE SUBMITTED IN WRITING

It is mandatory for the Denton Housing Authority to give your current or previous landlord information to prospective owners/landlords.

Please complete the information below.

Name: _____ Social Security Number _____

Current or previous physical address: _____

Name of current or previous owner/landlord: _____

Address: _____

Phone number: _____



CONSENT FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the Denton Housing
Print Name of Head of Household
**Authority to contact any agencies, offices, groups or organizations to obtain any information or material
that is deemed necessary to complete my application during the next twelve (12) months including a
criminal history record. I am also certifying that all information and material provided is true and
complete to the best of my knowledge.**

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date

Signature of Other Adult 18 years and older

Date

Signature of Other Adult 18 years and older

Date

Signature of Other Adult 18 years and older

Date

Signature of Other Adult 18 years and older

Date



EQUAL HOUSING OPPORTUNITY

Denton Housing Authority

Declaration of U.S. Citizenship or Non-citizens with Eligible Immigration Status

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because:

Please check the appropriate box:

- I am a citizen, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. ***Attach evidence of proof of age (only persons assisted as of 6-19-95 can qualify in this category); or***
- I have eligible immigration status as checked below. ***Attach INS document(s) evidencing eligible immigration status and signed verification consent form.***
 - Immigrant status under 101 (a)(15) or 101 (a)(20) of the INA
 - Permanent residence under 249 or INA
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA
 - Parole status under 212 (d)(5) of the INA
 - Threat to life or freedom under Section 243 (h) of the INA
 - Amnesty under 245A of the INA

Signature

Date

- Check box if an adult is signing for a minor child or dependent.***

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United State, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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